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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properly NX supplied. UNFADING may that plain instructions DEATH OF CAUSE OF

OF MOTHER (State or country)

15

state

LACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 6 SINGLE. MARRIED. WIDOWED, MODERLACK ORDIVORCED (Write the word) (Month) OF BIRTH 1869 (Day (Year) TAGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, protession, or (b) General nature of Industry, business, or establishment in which employed (or employer) con BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE

ı	of death yrs. mos. ds. State yrs. mos.
H	Where was disease contracted,
	If not at place of death?
	Former or
	usual residence
В	10

DATE OF BURIAL

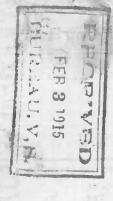
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medleai Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

794 1 PLACE OF DEATH

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 214

Village o	or City Burlowsvilles	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	FULL NAME	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
MM	4 COLOR OR RACE MARRIED, WIDOWED, ORDINORED (Write the word)	(Month) (Day (Year)
6 DATE O	Minth (Day , 1813	fine 25 mily, to 2m 3/ 191.5., that I last saw h allve on Jun 3/ 191.5.
7 AGE	yrs ome so ds. See min.?	and that death occurred on the date stated above, at 10 am, The CAUSE OF DEATH* was as follows:
particular	profession, or MVV	Inumona
business, o	Il nature of Industry, or establishment in oyed (or employer)	(Duration) yrs mos ds.
	or country may g Co mil	Secondary (Doration) yrs mos 2 ds.
F	AME OF Bung ather	(Signed) / LE Consum, M. D.
E S	State or country) MONAY CO MIC	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) ME OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICINAL,
0	OF MOTHER MINIMU MUSSON	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
0(State or country) MM My MAN	At piace In the of death yrs, mos ds State yrs, mos ds Where was disaase contracted,
(intorma	I readle with	If not at place of death?
16	ddress) Pan wom out and	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7	1915 HLI Frateford PREGISTRAR	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, reite None. cated thus: been changed or given up or account of the disease causing dearth, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged. In domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or the Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, Tirst, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever" (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Publicant peritonitis," etc. State eause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of childbirth or misearriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Never report For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Montgonung 795	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.25
Village or City where been (No. 29,	Ni Ruk St.; Ward) Branson [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Zinale Office (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH / NAICH 2 W (Month) (Day) (Year)	Jan 7 1915-10 Jan 9 1915
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 4,45 Pm, The CAUSE OF DEATH* was as follows: Clarie Daraflegia.
particular kind of work (b) General nature of industry, business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) Rom Ordan	(Duration) yrs. 3 mos. ds. Contributory Astlania & Cachae (Secondary) Effusive (Duration)
OF MATHER OST Basington 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OFF MO	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) New Gury	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTITUTION
(Informant) (Informant)	If not at place of death? Former or usual residence.
(Address) 723-10 // Resistrat	19 PRACE OF BURIAL OR REMOVAL OCR GRUPE 20 SNOERTAKER ADDRESS ADDRESS 136-11 M.S. S.
If more blanks are needed, address State Regis trar, 6	B. Franklin St., Balto. Requesting V. S. No. 1 Jashington all.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," a definite salary), may be entered as As examples: For persons "Foreman," The (3)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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RECORD PERMANENT UNFADING INK 9

SICIANS should occupation is properly Jo back Instructions ۳ DEATH See PO mportant. Every Ite B. ż

STATE OF MARYLAND

PLAGEOF DEATH CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. DRDIVDROE (Write the word) (Mont) (Day That I attended deceased fro DATE OF BIRTH (Month) (Day TAGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or gountry) of death yrs. State yrs. _ Where was disease contracted. If not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURNAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting y. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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PERMANENT EXACTLY.

No.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, Sung ORDIVERCED (Write the word) Month) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH 31 (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at t day hrs. ...mos.. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. EATH in plain a instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. __ (State or country) _ ds. State _____ vrs. _ Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Hereroully FIEGISTRAR

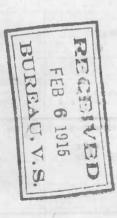
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BINDING FOR RESERVED MARGIN

S. No. 1.

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of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

		210	
Registration	Dist.	No. 2/2	_

St.:---Ward)

It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	01	N-,
FILL NAME	unella	wales
I Whether 1174111 builton from	***************************************	**************************************

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ALL 3, 191 S (Month) (Day (Year)
6 DATE OF BIRTH about, 182 (Month) (Day (Year)	that I last saw h allycon 191
TAGE about 90 yrs. mos. ds. or min. 1	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs mas ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Quration) yrs mos ds.
OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) E / Address) Porteinle
2 (State or country) Gukumma 12 MAIDEN NAME OF MOTHER Lukumma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted,
(informant) Jallenan Hallenan	If not at place of death?————————————————————————————————————
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be eutered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls: oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerpenal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. which surgical operation was undertaken. For vio-Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.;



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 24 It death occurred in St.: Ward) a hospital or institution. give its NAME instead e achter torker of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 17/4 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 113 6 a.m. 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in vrs mos b ds (Quration) which amployed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. mos. ... _ ds. State yrs, ____ mos. ... Where was dispasa contracted. TRUE TO THE BEST OF If not at place of death? Former or usual residence. DATE OF BURIAL (Address).... 15, 191 4 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," cngineer, (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



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1 PLACE OF DEATH STATE OF MARYLAND 200 CERTIFICATE OF DEATH Registration Dist. No. 2 Ilf death occurred in St :----Ward) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day.....hrs. was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Buration which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER, S 11 BIRTHPLACE 191J (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, COR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of weath _____ yrs. __ State Where was disease contracted, 14 THE ABOVE IS TRUE TO OF KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER PERESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (b)

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ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerreral septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report (secondary or intercurrent)



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should Registration Dist. No. PHYSICIANS -Ward) a hospital or Institution. give its NAME instead ot street and nomber. I uer Dranke Das PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) ORDIVORCED (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t dayhrs. The CADSE OF DEATH * Was as follows OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 80 Jo back PARENTS terms, 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _ 13 BIRTHPLACE Af place lo the OF MOTHER (State or country) DEATH of death yrs. mos. ds. State _____ yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS THU MY KNOWLEDGE If not at place of death?... Former or OF usual residence Important. Every It BURIAL OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requisting V. S. No. 1.

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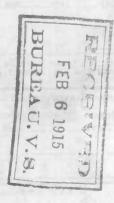
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The

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No. 1. 'n

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 S WRITE PLAINLY, WITH UNFADING INK-THIS m ż

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3 SE		4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word	anid	16 DATE OF DEATH	(Month)	/5 , 191.5 (Day) (Year)
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15 Fil	(Address) /	191	airy.	REGISTRAR	19 PLACE OF BURI Friendship 20 UNDERTAKER B. W. Bow	b Cenulary	Jan. 18 , 1915 ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, it should be used only when needed. essary to know first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," If the occupation has As examples: For persons

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cause of death approved by Committee on Nomencla childbirth or miscarriage. as "Purremeal scottchaemus," "Old Age," "Shock," ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Traemia," "Weakness," (name origin; "Can State cause for "Exhaustion," Never report Examples:



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

1 PLACE OF DEATH

County Moulgins.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2/

St: Ward)

[It death occurred in a hospital or institution,

Made White word B DATE OF BIRTH (Month) (Day) (Year) (Month) (D	FULL NAME John Seth &	give its NAME instead of street and number.]
Sex 4 coloror race 5 single, Married, Widowed, Month (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1915 18 18 18 1915	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) TAGE SULD Premative It LESS than 1 day, hrs. Boccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Month) (Day) (Year) It LESS than 1 day, hrs. ORmin.? The GAUSE OF DEATH* was as follows: (Duration) yrs. mos.	SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED	(Month) (Day) (Year)
Contributory Soccupation (a) Trads, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Solitable or country) Contributory (Secondary) (Boration) yrs. mos.	(Month) (Day) (Year) 7 AGE 8 MD. Premative - It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
	(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (Signed) (Signed) (Address) (Address) (Address) (CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from Violence CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidence Tall, Suicidal, or Homicidal.	11 BIRTHPLACE OF FATHER (State or country) Muty C	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 14 Level 14 place of death yrs mos ds. State yrs mos	13 BIRTHPLACE OF MOTHER ON TO STATE OF MOTHER ON THE OWN THE O	At piace In the ot death yrs mos ds. State yrs mos ds.
(Informant) Former or usual residence.	(Informant) A Simpers	It not at place of death? Former or usual residence.
(Address)	FILED FILED REGISTRAR	Deelsville III 1/24, 1912- 20 UNDERTAKER ADDRESS Q 4 leanliste Gaithurding

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc." Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first iine will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and quality as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Ithen filed "Simpsen" mer 22 18/2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPARION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

804 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/5

Village or City authors burg (No	St.; Ward) [If death occurred in a hospital or institution, give its a MANE instand
FULL NAME Bradley Noy.	give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Calored Write the word leavest	(Month) (Day (Year)
6 DATE OF BIRTH Month) (Day (Year)	July 4 1914, to Oct 30, 1914,
7 AGE 1 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at
**BIRTHPLACE (State or country)	(Duration) / yrs. mos. ds. Contributory Ta handlin
10 NAME OF Helleaus Doy, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER HASSAL LES	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death / yrs. mos. ds. State 2 D yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence. Many Cond
(Address). 1914 C.D. Telurin B.D. Registran If more blanks are needed address State Pour	DATE OF BURIAL DATE OF BURIAL

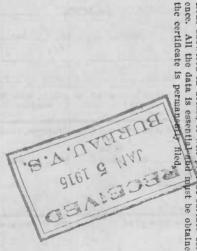
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation hus who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are eugaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgiu; "Canmus," "Old Age," "Shock," "Uraemia," "Wcakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgleal operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Mortgonery	3 6 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2020
Village or City Dec Co Sudgeno.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jucile. Coloned, Single, Married, Middle, Widdle, Orolvorced. (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
6 DATE OF BIRTH July (Near) (Year)	Jan / 6: (18th), 1915, to (5 at) Jen / 6 , 1915, that I last saw her alive on Jun 14 , 1916
TAGE If LESS than 1 day,hrs. ORmin. ? **OCCUPATION OR	and that death occurred on the date stated above, at 420m; The CAUSE OF DEATH* was as follows: Rufture of Uterrus (Standarous) Antergrum Remerchage;
* Hich employed (or employer) **BIRTHPLACE (State or country) Munflend. **In NAME OF FATHER Henery Turne.	Contributory Tentiany explaines Secondary (Doration) yrs mos. ds. (Signed) / Polyton agent Heal. D. (Address) / C. Marrier M. L.
11 BIRTHPÍAGE OF FATHER (State or country) Maugland. 12 MAIDEN NAME OF MOTHER Jance Downs. 13 BIRTHPLACE OF MOTHER (State or country) Mayland,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds
(Interment) See Ch Lodg & m. d. Filed are 17, 1910 F. M. Shall	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

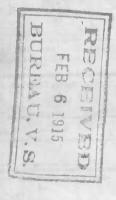
my

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfuleated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaecte,, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tctanus) Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; "Scnile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report



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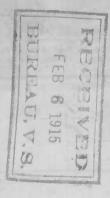
1 PLACE OF DEATH	STATE OF MARYLAND
County Musty.	CERTIFICATE OF DEATH
County	Registration Dist. No. 220
Village or City Buch Lodge (No.	St.; Ward) [If death occurred in a hospital or institution
FULL NAME Unnamed baby	of John and Emma Defet is NAME instead of sweet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hrwale Wege (Write the word) 4 COLOR OR RACE MARRIED, Serighe ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191
TAGE (Still Born) If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, protession, or particular kind of work	(Ouration) yrs. mos. ds
9 BIRTHPLACE (State or country) August land.	Contributory (Secondary) (Ouration) yrs mos ds
10 NAME OF FATHER JULY. Duffer 11 BIRTHPLACE OF FATHER (State or COUntry) Maryland.	(Signed)
12 MAIDEN NAME TURNE OF MOTHER TURNE 13 BIRTHPLACE	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?
(Informant) Dun Dufferi (Address) Buel From Re Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed are 17, 1915 M. White	1915 Address Heller Sou. Bornevelle
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscip

genital," such, if impossible to determine definitely. childbirth or miscarriage, as "Puerpmeal acptichae cause. Always qualify all diseases resulting from mus," cause of death approved by Committee on Nomencla "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUEEPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuitions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Mcdicai Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis, oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can-State cause for Examples: 0



V. S. No.

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Gounty Managary (15)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/3			
Village or City (No				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROIVORCEO OROIVORCEO OROIVORCEO (Write the words)	Month) (Day (Year)			
6 DATE OF BIRTH See. 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	I HEREBY CERTIFY, That I attended deceased from [1915], to [1915], to [1915], that I last saw has alive on [1915].			
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH & was as follows:			
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Charles .			
business, or establishment in which employed (or employer) Pairthplace (State or country)	Contributory Secondary			
10 NAME OF Santy a Santy	(Signed) (Doration) yrs mos ds.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the			
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?			
(Informant) Red wee has	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
16	Roedence and File 1915			
Filed, 19tREGISTRAR	20 UNDERTAKER WRATELLE ROBERS Roschusen			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of valvular heart disease; Chronic interstitial nophritis, cause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "I'UERPERAL neritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the Bronchopneumonia (seeondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For VIO-



pinous OCCUPATION PHYSICIANS RECORD 90 Exact statement PERMANENT EXACTLY. properly classifled. pinous UNFADING INK-THIS AGE pe supplied. max certificate. carefully that it 20 ō WITH of information.

DEATH in plain terms, PLAINLY, WRITE FO Every Item CAUSE OF Important.

FATHER

11 BIRTHPLACE State count

12 MAIDEN NAME OF MATHER 13 BIRTHPLACE OF MOTHER (State or county

(Address)

PARENTS

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1 PLACE OF DEATH FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 21 (Month) (Day (Year 7 AGE It LESS than f day,....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmeni in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF

STATE OF MARYLAND CERTIFICATE OF DEATH

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If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

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Where was disease contracted,		
If not at place of death?		*********************************
Former or usual residence		

19 PLACE OF BURIAL O	R REMOVAL	DATE OF BURIAL
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. 1. 202

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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not CAUSING DEATH, state occupation at beginning of illbeen changed or given up an account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, whe are engaged in the duties of the household only (1) paid Housekeepers the nature of 'and business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. For many occupations a single well or term on the who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, e.c. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



MARGIN RESERVED FOR BINDING

PERMANENT

RECORD

PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. 2/1 Elf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] 6 devard Hoodge PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, Married (Month) OR OLVORCEO (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at // 30 A.m. 1 day hrs. The CAUSE OF DEATH * was as follows OR 7 and Suckelij BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) (Q which employed (or employer) -----Contributory BIRTHPLACE Secondary (State or country) 1D NAME OF FATHER Oliver. PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Instructi Af place OF MOTHER (State or country) of death yrs. mos. ds. Sfate _____ yrs ___ mos. DEAT Where was disease contracted, If nof at place of death?.. Former or OF usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore au essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS WRITE PLAINLY, WITH See instructions CAUSE OF Important. S

PHYSICIANS should state

RECORD

PLACE OF DEATH

810 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

St.;....Ward)

Ilf deeth occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hite (Single, Single Widowed, ORDIVORCED ORDIVORCE	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 3/, 1915. that I last saw h. An alive on 130, 1915.
TAGE S.5 yrs. 7 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 930 G.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General neture of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mos 3 ds. Contributory Secondary
10 NAME OF FATHER Isaae Holland. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Ouration) yrs mos os (Signed) (Signed) , M. D. 2
of MOTHER CONBONNAME 13 BIRTHPLACE OF MOTHER (State or country) Conbons 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Sauleton B. Stoples (Address) Lande Spessing	If not et piece of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Janly Spun my 2 / 2 / 2 / 191.6.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia Icsis of lungs, meninges, peritonaeum, etc., brospinal meningitls"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercus Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Scnile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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pinous PHYSICIANS should of OCCUPATION RECORD statement PERMANENT EXACTLY. Exact classified. pinous properly AGE INK supplied. pe UNFADING may certificate. that 9 0 back terms, should 00 plain Instructions Information of Information DEATH in p. See Instruction CAUSE OF Important. S

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred la

ADDRESS

.Ward) hospital or Institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGEE. 16 DATE OF DEATH WIDOWED, Midonel MARRIED, 1912 (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH annar (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above. t dayhrs. The CAUSE OF DEATH* 6 OR 7 Interstitus BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment la (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed). PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIOENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place State Where was disease contracted. 14 THE ABOVE IS TRUE TO estuil It not at place of death? (Informant) usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

19 PLACE OF BURIAL

20 UNDERTAKER

[Approved by U. S. Census and American Public Heasth Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

RECORD PERMANENT

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred to .Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OBTRACE 5 SHGLE, 16 DATE OF DEATH MARRIED. 191.0 WIDOWED, (Month) (Day (Year) OR GLYORGED WORD I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH A Leuranne 1, 1914, to that I last saw hada ... allve on ... (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ... yrs. ... mos. ... State de Where was disease contracted. MY KNOWLEDGE It not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ... 191.4 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers mine, etc. additional liuc is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



BINDING 90 ESERVED ARGIN

PERMANENT INK UNFADING

OCCUPATION PHYSICIANS RECORD statement supplied. may certificate. 0 rms, back plain Instructions 2 WRITE 50 Item OF Every item CAUSE OF important.

Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred to a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Zug WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at. 1 day hrs. DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment lo (Duration) which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. It not at place of death? Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAF

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," unqualified, is indefinite); Tubercu Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhol BUREAU, V.S.

TO THE STATE OF TH

FEB 5 7915

cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sulcide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," (name origin; "Can-"Exhaustion," Examples: For vio-

the certificate is permanently filed tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH	814 STATE OF MARYLAND CERTIFICATE OF DEATH 226
County Muruly	Registration Dist. No. 211
Village or City Digos (No	St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieto, Windsen, Married (Write the word)	16 DATE OF DEATH / /6 , 1915 (Year)
DATE OF BIRTH MOSS (Year) One Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from 190 f., to four 16 , 1915. that last saw he alive on four 15 , 190
7 AGE # # # # # # # # # # # # # # # # # # #	and that death occurred on the date stated above, at 9 m; The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Post: Mystice	pulvedary diverginaries
(b) General nature of industry, business, or establishment in which omployed (or omployer)	(Ouration) 13 yrs mas ds.
State or country) Manyland.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF G. T. Kingolieny.	(Signed) . Nouse , M. D.
11 BIRTHPLACE OF FATHER (State or country) Manyfand. 12 Maiden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother May & Rud	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	Ai place to the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant)	It not at place of death? Former or usual residence
(Address) 120y ao - 200.	Lan. 19. " Bahan sull, may
Filed Are / 191.1 Registran	Strar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Parmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are cugaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ctc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senlle," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



RECORD

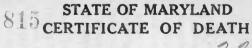
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

PLACE OF DEATH

Village or City



Registration Dist. No. 220

-Ward)

[If death occurred la a hospital or institution, give Its NAME instead of street and nomber.]

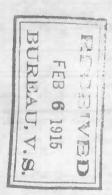
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white word) MARRIED, Lunghe Wildower Sunghe Wildower (Write the word) March 9, 19/3 (Month) (Day (Year)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from (O, 1915, to the property of the proper
t day bre	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Nour particular kind of work	Submerlos Mercugilis
(b) General nature of industry, usiness, or establishment in which employed (or employer)	(Duration)yrsmosds
(State or country) mary land	Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?
(Informant) Ray mond Lawson Diekers on Md	Former or usual residence. 19 PLACE OF BURJAL OR REMOVAL DATE OF BURJAL
Filed law 11, 1915 A. M. Hills REGISTERAR	Hyatto Fown Md Jan 12, 1915 20 INDERTAKER Home T. Hilton and Sous Barnes ville

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of lilduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scosis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Oid Age," "Shock," "Uracmia," "Wcakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Coliapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is iess defiuite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



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V. S. No. 1.

Co	1 PLACE OF DEATH Onty Monthly	STATE OF MA	F DEATH
Vill	280 or Gity Hansengton (No	Registration Di St.; Ward	Cif death occurred in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SE	the white Single, Married, Wisowed, Write the word)	18 DATE OF DEATH JAN (Month)	, 1910 (Day (Year)
7 AC	(Mopth) (Day (Year)		7 ,1915
8 O (a)	62 yrs 4 mos./7 ds. or min.?	The CAUSE OF DEATH* was as follows:	d abova, at 10 m,
white 9 B1	General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country) 10 NAME OF	Contributory Myseles A Secondary Secondary (Doration)	yrs
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT and (2) whether Acciden-
a.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State Where was disease contracted,	
(Interment) May Bogatin	If not at place of death?————————————————————————————————————	
16	(Address) Tlensung//	llegandre 1	DATE OF BURIAL, 191
File	REGISTRAN	20 UNDERTAKER	ADDRESS
	If more hlanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

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cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH

817 CERTIFICATE OF DEATH

County Morstquey	
4	(19.0)
Village or City Clenisory	(No

Registration Dist. No. 210

Viii	age or City /ehisty (No	St.;Ward)	[If death occurred in a hospital or institution,
	FULL NAME Philliam m	Parshy	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	//(Month)	16 ,1915 (Day (Year)
	TE OF BIRTH Africa 37 Month) (Day (Year)	that I last saw hand alive on J. C.	v 16, 1915.
7 AG	yrs 8 mos 19 ds 08 min.?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at
(a) part (b) busir	Trade, profession, or circular kind of work. General nature of industry, less, or establishment in h employed (or employer)		re Intertiers
9 BII	State or country) Montgory Co 'M'	Contributory Pulsionary Secondary (Signed) Carlon A Delay	yrs mos y ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Tr. in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) Whether Acciden-
14 -	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTA) Af place In the of death yrs mos ds. State Where was disease contracted,	yrs, mos ds
	interment Nathan anne Paraly (x)	it not at place of death?————————————————————————————————————	
16	(Address) Gaithushus RF 75	1 141 +	any 19 ,1915
File	1 au 18, 1915 Vot Dyron REGISTRAR	1 # Buris	cylons well ha
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N	10. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculests of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendatious on statement of (secondary or Intercurrent) State cause for



PLACE OF DEATH

should sta	Co	ounty William (15	CERTIFICATE OF DEATH Registration Dist, No. 2
RECORD PHYSICIANS .	VII	FULL NAME WILL ON SWAND	St.; Ward) St.; Ward) a hospital or lostitution, give its NAME instead of street and comber.]
± , 5		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANEN FEXACTL	35	4 CODOR OB RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 LHEREBY CERTIFY. That I attended decessed from
A PER be stated led. Exac	6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h h slive on Day 1915
Should Is	7 A	GE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8 30 An The CAUSE, OF DEATH * was as follows:
INK—T	pa (a)	OCCUPATION) Trade, profession, or Indicating the profession of Indicating the Indicati	Materias Juliuruu
FADING fully suppling it it may liftcate.	wh	siness, or establishment to ich employed (or employer) IRTHPLACE (State or country)	Contributory Wawway
TH UNF be careful so that k of certifi	S	10 NAME OF BRUMINIE &. Pier	(Burned) yrs mos 1 d
WI ould	ARENT	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLEN
AINLY, thou shottlen shottlens or	PARE	12 MAIDEN NAME PUM PILECCE KOUES.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
nforma NTH in Instruction	171	OF MOTHER (State or country)	At place in the of death yrs mos ds State yrs mos d Where was disease contracted,
WRITE Item of Info		(Informant) Suyuuu G.	if not at place of death? Former or osual regidence
WR Every Item CAUSE OF Important.	16	(Address) Politica Ned	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
	FI	181 5-My. M. C. Trall Llebul REGISTRAR	20 MARTIKER RODRESS ROCKINGO M

If more blanks are needed, Address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

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scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (seeondary or intercurrent) "Exhaustion,"



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PERMANENT may certificate. 80 0 back Instructions 2 DEATH OF Important. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Ilt death occurred is Ward) hospital or lostitution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. OROIVORGED (Month) (Day (Year) L HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 914 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t dayhrs. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) __ yrs. ____ mos. ___ __ ds. State _____ yrs, ___ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAF

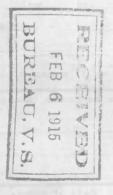
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
	monly owene 111	CERTIFICATE OF DEATH
	County Of the Co	Registration Dist. No. 2/2/2
	Village or City Lunden (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Clara Sun	nan Mee of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIEL WIDOWED, OR DIVORCED (Write the word)	10 DATE OF DEATH January 30, 1915 (Month) (Day (Year)
1	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
	(Month) (Day (Year)	that I last saw halive on
	7 AGE (Month) (Day (Year)	and that death occurred on the date stated above at
-	67 yrs mos 3 o ds 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
	© OCCUPATION (a) Trade, protession, or	Cerebral Hennorhage
1	particular kind of work Alexander. (b) Beneral nature of industry,	
	business, or establishment in which employed (or employer)	Suddle (Duration) yrs mos 58.
	9 BIRTHPLACE (State or country) Maryland	Contributory Merch Kund
	10 NAMBOF FATHER	(Signed) Secolos (Duration) yrs mas ds.
	U 11 BIRTHPLACE OF FATHER	7.61, 1915 (Address) Freel Glens
	11 BIRTHPLACE OF FATHER (State of country) Siche (State of country) Siche W 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or property) derich, Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death yrs, mos, ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intermant)	Former or usual residence
	(Address) Aleksenger, Mas	19 PLACE OF BURIAL OR REMOVAL
	Filed Tel. 1915 7 7 Howlett M.D.	20 UNDERTAKER ADDRESS O I I I
-		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
11		To a series of the Later To

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS RECORD PERMANENT AGE 10

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. NoWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE It LESS than 1 day hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate, 9 BIRTHPLACE (State or country) Contributory Secondar 10 NAME OF FATHER 20 0 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, See Instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 5 At place in the OF MOTHER (State or country) I ot death yrs. mos. State yrs. __. DEAT Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? OF usual residence mportant. Щ 19 PLACE OF BURIAL Every (Address) 15 20 UNDERFORM REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

It death occurred in

(Year)

a hospital or Institution,

give Its NAME Instead ot street and number.]

(Day

DATE OF BURIAL

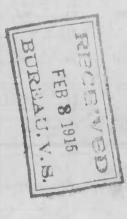
ADOBESS

[Approved by U. S. Census and American Public Health Association.]

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No. ž

PHYSICIANS should state of OCCUPATION is very RECORD carefully supplied. AGE should be stated EXACTLY. PERMANENT UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms, N. B.-Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND

FULL NAME PERSONAL AND STATISTICAL PARTIGULARS SEX COLOR OR RACE SINCE COLOR OR RACE THE RACE COLOR OR RACE SINCE COLOR OR RACE COLOR OR RACE THE RACE COLOR OR RACE SINCE COLOR OR RACE COLOR OR RACE THE RACE COLOR OR RACE COLOR OR RACE COLOR OR RACE THE RACE COLOR OR R	Co	unty Hours owney 3	CERTIFICATE (Registration D	910
TAMBLE COLOR OR RACE SINGLE. MARKING. MARKI	VII	O The Sou		a hospital or institution, give its NAME instead
TAME COLUMN (Party the word) 19 (Month) (Day (Year) 17 (Month) (Day (Year) 17 (Month) (Day (Year) 17 (Month) (Day (Year) 17 (Month) (Day (Year) 19 (Month) (Day (Year) (Year) (Notation) (Nota		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
TAGE Secondary Secondary	35	MARRIED, WIDOWED,	(Month)	(Day (Year)
and that death occurred on the date stated above, at mos. June June	6 D	May 29, 1892	Oct , 191 1 to	cuie , 1915
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUBTO THE BEST OF, MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUBTO THE BEST OF, MY KNOWLEDGE (Informant) (Address) Authorshould (Madress) 15 DIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE of RECENT RESIDENCE (Informant) 17 THE ABOVE IS TRUBTO THE BEST OF, MY KNOWLEDGE (Informant) (Madress) Authorshould (Madress) Authorshould (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Informant) (Informant) (Address) (Address) (Address) (Address) (Duration) (Duration) (Ouration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Duration) (Ouration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A	TA	GE If LESS than 1 day,hrs.		
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CLASS TWEE 11 BIRTHPLACE OF FATHER CONTROLL TO THE BEST OF MY KNOWLEDGE (Informan) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 LAGGORD 16 CONTRIBUTORY Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Address) (Add	(a pa (b)	Trade, protession, or controller kind of work. General nature of industry,	· · · · · · · · · · · · · · · · · · ·	
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13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF, MY KNOWLEDGE (Informant) (Address) At place (Informant) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMODAL DATE OF BURIAL (Address) 19 PLACE OF BURIAL OF REMODAL (Address) 19 PLACE OF BURIAL OF REMODAL (Address)	tTS	11 BIRTHPLACE OF FATHER 12 BIRTHPLACE OF FATHER	(Signed) AT3 Hadday July 30, 191 S. (Address) Su	ichers breneg
At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMODAL DATE OF BURIAL (Address) 10 DATE OF BURIAL (Address) 10 DATE OF BURIAL (Address)	PAREN	12 MAIDEN NAME		
(Informant) Chy Digdon (Address) authorsquing Mod 16 In that a place of Burral OF REMODAL [19 PLACE OF BURRAL OF REMODAL [2] PLACE OF BURRAL OF BURRAL [3] [4] [4] [4] [5] [6]	14 ,	OF MOTHER (State or country) // //	At place In the ot death yrs mos ds. State	
16 Quiner Orekard //31/15, 191		holes of //sades	Former or usual residence	•••••
			Quiner Orekard	1/21/11

arustr If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: applies to each and every person, irrespective of age. who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

pneumonia"); lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal report "Typhoid Carcin-

> cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonic affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary), 10 ds. "Dropsy," "Exhaustion," State cause for Never report



BINDING ď 0 ERVED 0 Ш a MARGIN

RD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very	/
VENT RECOI	CTLY. PHY MC	,
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	be stated EXA	\$
INK-THIS I	d. AGE should	ď
UNFADING	sarefully supplie that it may b	Important. See instructions on back of certificate.
NLY, WITH	on should be d	ons on back of
WRITE PLAI	n of Informatic	See Instructic
	I. B.—Every Iter	Important

3 SEX

7 AGE

PARENTS

15

6 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

parficular kind of work. (b) General nature of industry, business, or establishment in

State or country)

10 NAME OF FATHER

11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer)

5 SINGLE,

MARRIED, Seur WIDOWED, Seur ORDIVORCED (Write the Word)

(Day)

18. (Yea

If LESS

1 day,....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2/7

St:Ward)

fif death occurred in a hospital or institution, give its NAME instead of sfreef and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH faw. (Month)	3 of th, 1914 (Day) (Year)
17 I HEREBY CERTIFY, Tha	t I attended deceased fro
, 191, to	191
that I last saw h alive on	, 191
and that death occurred on the date stat	ed above, atn
The CAUSE OF DEATH* was as follows	
Found dead in	room caus
Found dead in Gergloral Hewon	hage Sudden
death	·······
(Baratian)	
(Duration)	yrsmos
(Secondary)	***************************************
(Daration)	yrsmos
(Daration)	yrs mos
(Signed) Chas. Fargulas	U. R.O. M.
(Signed) Chas. Fargulas	U. R.O. M.
(Daration)	v. R. O. M.
(Signed) Chas. Fargular Jau. 4, 1915 (Address) Causing Death, Causes, state (1) Means of Injury; at Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITA	or, in deaths from Violenz and (2) whether Acciden
(Signed) Chas. Fargular Jaw. A., 1915 (Address) Causes, state the Disease Causing Death, of Causes, state (1) Means of Injury; tall, Suicidal, or Homicidal. 18 Length of Residence (for Hospita on Recent Residents)	D. H. D. M.
(Signed) Chas. Fargular Jaw. 4, 1915 (Address) Causing Death, of Causing, state (1) Means of Injury; at the Dischasse Causing Death, of Tal, Suicidal, or Homicidal. 18 Length of Residents Af place In the	O. H. D. M. M. D. M.
(Signed) Chas. Fargular Jaw. A., 1915 (Address) Causing Death, of Causes, state (1) Means of Injury; at the Causes of Recent Residents Af place In the of death yrs. mos. ds. State Where was disease contracted,	O. H. D. M. M. D. M.
(Signed) Chas. Fargular Jaul. A., 1915 (Address) Colored *State the Disease Causing Death, of Causes, state (1) Means of Injury; at the Causes of Causes o	O. H. D. M. M. D. M.
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(Signed) Chas. Fargular Jaw. A., 1912 (Address) Causing Death, of Causing, state (1) Means of Injury; at the Disease Causing Death, of Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospita or Recent Residents) Af place in the of death yrs. mos. ds. State Where was disease confracted, if not at place of death? Former or insoal residence.	DESCRIPTIONS, M.
(Signed) Chas. Fargular Jaw. 1915 (Address) Causing Death, of Causing, state (1) Means of Injury; tal, Suicidal, of Homicidal. 18 Length of Residence (for Hospita or Recent Residents) Af place in the of death yrs. mos. ds. State where was disease confracted, if not at place of death? Former or usoal residence.	DATE OF BURIAL
(Signed) Chas. Fargular Jaw. A., 1915. (Address) Causing Death, of Causing, state (1) Means of Injury; tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospita or Recent Residents) Af place of death. yrs. mos. ds. State Where was disease confracted, if not at place of death? Former or usoal residence. 19 Place of Burial or Removal Faceuds Recueloy, Souly Afreing	DATE OF BURIAL
(Signed) Chas. Fargular Jaw. 1915 (Address) Causing Death, of Causing, state (1) Means of Injury; tal, Suicidal, of Homicidal. 18 Length of Residence (for Hospita or Recent Residents) Af place in the of death yrs. mos. ds. State where was disease confracted, if not at place of death? Former or usoal residence.	DATE OF BURIAL

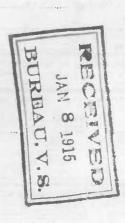
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pureperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples: For VIO-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

PHYSICIANS should state of occupation is very RECORD Exact statement of PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. UNFADING INK-THIS See Instructions on back of certificate. PLAINLY, WITH item of information should be N.B.—Every Item CAUSE OF Important. S

824 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/5

CA.	935 41	

I'lf death occurred in a hospital or institution, give its NAME instead uf street and number.]

PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fremale	e While Single, Marrie, Marrie the word)	18 DATE OF DEATH CANUARY 17th, 1915 (Month) (Day (Year)
6 DATE OF E		17 I HEREBY CERTIFY, That I attended deceased from 17 1915, to Jan 17 1915, that I last saw her alive on January 17th, 1915.
⁷ AGE	3 yrs 2 mes / ds. OR min.?	and that death occurred on the date stated above, at 4.30 f.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATE (a) Trade, prof perticuler kind	fession, or	was called and & found child.
business, ur which employed	establishment in d (or emplayer)	(Duration) yrs. mos. ds.
OF (Str	r country) Washington De,	(Signed) / (Address) Polomoc M. D. *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRT OF M	THPLACE MOTHER PLACE MOTHER RICE OF COUNTRY) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease cuntracted.
(Inturmant)	My Seorge Edworthy	If not at place of dealh? Former or usual residence.
16 Addre	•	Darnestown md 195 195
Flied	, 191 REGISTRAR	alex & Carlesle Gaithersburg to strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of agc. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of Jungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from cte,, when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT BINDING D 00 ESERVE supplied. UNFADING 0 MARGIN should of inform DEATH I See Instru Every Item CAUSE OF Important.

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Instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 [it death occurred in .. Ward) a hospital or institution, give its NAME instead ot street and number.] AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. COLOR OR RACE MARRIED, Oredown (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 20 1841 (Month) (Day (Year) 7 AGE it LESS than that death occurred on the date stated above, a 1 day hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in yrs & mos 2 Q ds which emplayed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Volkett Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. FALENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) .. yrs. ... _ mos. _ ds. State Where was disease contracted, If not at place of death? Former or usual residence. 15 DDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

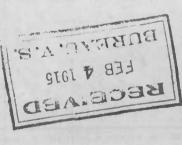
[Approved by U. S. Consus and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mon

mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease causing "Seuile," etc.), (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion," Never report For vio-



RECORD PERMANENT BINDING S FOR INK-THIS RESERVED UNFADING MARGIN PLAINLY, WRITE

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very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	1
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of Information	DEATH in plal	mbortant. See instructions on back of certificate
very item	AUSE OF	mbortant

826 1 PLACE OF DEATH uisa Miloro Deuner. PERSONAL AND STATISTI 3 SEX 4 COLOR OR RACE

arhete

(Month

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

Filed Jan 9 - 1915 - Blo

(Address)

(Informant) --

which employed (or employer)

TAGE

PARENTS

15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;....Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
12 , 1 9 21 (Day (Year)	that I last saw h 2 alive on / 2 /	
1 day,hrs.	and that death occurred on the date stated above, at 3	
mos	The CAUSE OF DEATH* was as follows:	
ints	***************************************	
	(Duration) yrs. mos ds.	
	Contributory List Abelitating	
eyland!	(Signed) (Doration) yrs mos ds.	
har	1/9/ 1915- (Address) Janky Spenny	
1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.	
nom	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
rknow	At place in the of death yrs, mos ds. State yrs, mos ds	
T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
Birm	Former or usual residence	
ue ma	Intland 19 place of Burial Date of Burial 19 6	
A. Fargeelar	20 UNDERTAKER ADDRESS Richards	
are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

If more blanks

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of oecnpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomenclascpsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," - "Exhaustiou," The nature of the Never report



(No.... RECORD PERSONAL AND STATISTICAL PARTICULARS LZ 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX WIDOWED. QUIONIB Write the word) O DATE OF BIRTH (Year) (Month) (Day) It LESS than TAGE 1 day,hrs. OR 7 BOCCUPATION (a) Trade, protession, or ED particular kind of work. (b) General nature of Industry, supplied. business, or establishment in which employed (or amployer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE (State or country) Z Ш TAL, SUICIDAL, OF HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. of Inform DEATH Where was disease contracted. . It not at place of death?.. Former or usual residence. Every item CAUSE OF Important, S 15 20 UNDERTAKER Filed farmanele 1915 Howard olulle viger

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

County Mong mer

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

- Fit death occurred laWard) a hospital or institution, give its NAME instead

ADDRESS

of street and nomber.] MEDICAL CERTIFICATE OF DEATH (Month) (Year) I HEREBY CERTIFY. That I attended decessed from and that death occurred on the date stated above, at. a steam Delei (Doration) :1478 - Harvand ·20, 1915 (Address) washington. D.C. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the State _____ grs, ____ mos. ___ ds. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Gran Episcopal Councing

of at. new

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (8)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

1478 Hourand

cause of death approved by Committee on Nomenciascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 do.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ ture of the American Medicai Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



V. S. No. 1.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement or occupation is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

PLACE OF DEATH	STATE OF MARYLAND 828 CERTIFICATE OF DEATH
County SMINI Granday	Registration Dist. No. 220
Village or City Comus. (No	St.; Ward) [If death occurred in a hospifal or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. While Single, wipower, or pivole (Write the word)	16 DATE OF DEATH AND 3 hd 8. A. M., 1916 (Month) (Day (Year)
6 DATE OF BIRTH	DEC. 20 1914 to law & 1915.
(Month) (Day (Year)	that I last saw home allyeon hee 28 1914
7 AGE (10 If LESS fhan	and that death occurred on the date stated above, at 8. Am,
fbeal 73, mos ds. 1 dayhrs.	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work	Carebral Nemorrhage
(b) General nature of industry, business, or establishmeof in which employed (or employer)	(Duration)yrsmgsds.
State or country) Maryland.	Contributory Secondary
10 NAME OF John Joung,	(Signed) J. M. White , M. D.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN COUNTRY OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother May Shapen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER (State or eountry) Munfeed	Af place In the of death yrs mos ds. State yrs mos ds
(Informant) Dernhauf.	Where was disease confracted, If not at place of death? Former or usual residence.
(Address) Carrier : 27 d.)	Decalle Cemelar Jan 5 th 1916
Filed an 3, 19145 J. M. While	20 UNDERTAKER Worn of Idealow Above ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSINO DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial cuployments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., mia," "I'UERI'ERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; may be stated under the head (Recommendations on statement of Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1915 BURBAU, V.S.